Full name and com
Regular Repu c/o Thomas C 120 N. LaSall Chicago, IL 60
E-mail address: t C
REPORTING PER
4.1.22 6.30
FROM
1. Individual Con a. Itemized (b. Not-Itemi

T EOL			REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK					ĺ	FOR OFFICE USE ONLY			
	FORM		Quarterly Report: (Check one:) 1 st 2 nd 3 rd 4 th									
	D.	-2	Final Report (Fund balance on Line E must be \$0)									
INOIS T			Amendment of the Report Indicated Above									
Full name and complete mailing address of Political Committee:							ECK FOR ADDRESS C	HANGE	COMMITTEE ID #			
Regular Rep		•	of F	River Fores	t							
c/o Thomas C. Cronin 120 N. LaSalle Street, 20th Floor												
Chicago, IL 60602								226				
E-mail address: t	cc@c	ronino	olto	d.com		HECK FOF	R E-MAIL ADDRESS C	HANGE				
REPORTING PERIOD CASH AVAILABLE AT BEGINNING OF REPORTING PERIOD:						ALL POLITICAL COMMITTEES RETURN TO: STATE BOARD OF ELECTIONS STATE BOARD OF ELECTIONS						
4.1.22 6.30.22 \$0.0				ING PERIOD:		2329 S	MacARTHUR BLVD	69 W WASHINGTON ST, STE LL-08				
FROM	THRU	1 ,		ount in SECTION	D. Line (A)	SPRINGFIELD, IL 62704-4503 E-MAIL: D2@ELECTIO			CHICAGO, IL 60602-3026 NS.IL.GOV			
7,107.										XPENDITURES		
1. Individual Co	ontributi	ons				6. Transfers Out						
a. Itemized (from Schedule A)				\$			Itemized (from Sch	edule B):	\$	•		
b. Not-Iter				\$	(1b)		Not-Itemized:		\$	(6b)		
2. Transfers In a. Itemized		chedule A	A):	\$	(2a)		a ns Mad e - Itemized (from Sch	edule B):	\$	(7a)		
b. Not-Itemized:				\$	(2b)		Not-Itemized:		\$	(7b)		
3. Loans Recei	ved						penditures					
a. Itemized (from Schedule A				\$	(3a)		Itemized (from Sch	edule B):	\$	(8a)		
b. Not-Iter				\$	(3b)		Not-Itemized		\$	(8b)		
4. Other Receipts a. Itemized (from Schedule A): \$(4a)					(4a)	9. Independent Expenditures a. Itemized (from Schedule B-9): \$(9a)						
b. Not-Itemized				\$	(4b)	ļ	Not-Itemized		\$	(9b)		
TOTAL RECEIPTS (1a thru 4b)				\$00.00	(TR)	TOTAL EXPENDITURES (6a thru 9b)			9b)\$00.00	(TE)		
**************							**************************************	********* DERTS A	ND OBLIGATIO	******** NIC		
5. In-Kind Contributions							(include prev	viously repor	ted unpaid debts)			
a. Itemized (from Schedule I)				\$	(5a) (5b)	1 .	Itemized (from Sche	edule C):	\$	(10a)		
b. Not-Itemized				00.00			Not-Itemized	ATIONIC	\$ \$00.00	(10b)		
TOTAL IN-KIND (5a + 5b) \$(TI)						TOTAL DEBTS & OBLIGATIONS \$UU.UU						
Name and address of person submitting this report if other							SECTION D — CASH BALANCE					
than the committee's Chair or Treasurer:							Cash available at b repor	peginning of ting period	of \$00.00	(A)		
						Tot	al Receipts from Sec	ction A (TF	R): \$\frac{00.00}{00.00}	(B)		
		-					Total cash	(A) plus (I	B): \$\frac{00.00}{00.00}	(C)		
						Total Ex	penditures from Se	ction B (TI	E): \$ <u>00.00</u>	(D)		
							Funds available reporting period (e at close of C minus D	of \$00.00	(E)		
							Investments total (if	applicable	e): \$	(F)		
VERIFICATION: I DEC	CLARE THA	T THIS QUA	RTERLY	Y REPORT OF CAN	APAIGN CONTRIB	UTIONS AN	D EXPENDITURES (INCLUI D BELIEF IS A TRUE, CORP PLETE STATEMENT IS SUB	DING ACCON	MPANYING SCHEDUL	ES AND		
ARTICLE 9 OF THE EL UP TO \$5000.	ECTION CO	DE. I UNDE	RSTAN	D THAT WILLFULL	Y FILING A FALSE	OR INCOME	PLETE STATEMENT IS SUB	JECT TO A CI	VIL PENALTY OF AT L	EAST \$1001 AND		
					,	///			·			
					/1	1 (7.14.22			

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE THIS FORM MAY BE REPRODUCED

REVISED 12/2021

DATE